



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**SWA10A-700A**  
**Job Sheet 181739**



Part No: SWA10A-700A

Job Qty: 40 ea

Part Name: Wire Clamp



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 8/7/18

Job Tracking No:

Due Date: 8/17/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG SWA10A-700A REV:3 IPP REV A 18.02.22 NEW ISSUE RQ VERIFIED BY DP

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation           | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier                 |           | Sign-off        |
|-------|---------------------|--------|------------|----------|-----------|---------|-------------------------------------|-----------|-----------------|
|       |                     |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier               | Lead Time |                 |
| 90    | Start up Operation  | 40 Ea  | 8/17/18    | 8/17/18  | 0.00      | 0.00    | Start Up Machining-4                |           | J.C.V.          |
| 110   | <del>Mod Salt</del> | 40 pcs | 8/17/18    | 8/17/18  | 0.00      | 2.00    | <del>MORINV5000-2</del> Manual Mill |           | J.C.V.          |
| 120   | QC                  | 40 pcs | 8/17/18    | 8/17/18  | 0.00      | 0.00    | QC2                                 |           | J.C.V. 18-09-14 |
| 130   | QC                  | 40 pcs | 8/17/18    | 8/17/18  | 0.00      | 0.00    | QC8                                 |           | H.E. 18-09-14   |
| 141   | Outsource           | 40 pcs | 8/17/18    | 8/17/18  |           |         | ATG001-VC                           | 10        | SEP 18-09-20    |
| 142   | Packaging           | 40 pcs | 8/17/18    | 8/17/18  | 0.00      | 0.00    | Packaging2                          |           | SEP 27 2018     |
| 150   | QC                  | 40 pcs | 8/17/18    | 8/17/18  | 0.00      | 0.00    | QC6                                 |           | 30              |
| 151   | Small Fab           | 40 pcs | 8/17/18    | 8/17/18  | 0.00      | 3.33    | Small Fab-6                         |           | 9-88            |
| 152   | QC                  | 40 pcs | 8/17/18    | 8/17/18  | 0.00      | 0.00    | QC5                                 |           | 9-88            |
| 160   | Packaging           | 40 pcs | 8/17/18    | 8/17/18  | 0.00      | 0.00    | Packaging3                          |           | 9-88            |
| 170   | QC21-SA             | 40 Ea  | 8/17/18    | 8/17/18  | 0.00      | 0.00    | QC21                                |           | SEP 28 2018     |

Part Op 110 - - Cut blanks to 6" (makes 4 pcs) 1-Machine as per folio FB899 FOLIO REV: \_\_\_\_\_ DWG REV: \_\_\_\_\_  
Descriptions: \_\_\_\_\_ 2-Deburr

141 - -Issue P/O to ATG: PO041065 -HARD ANODIZE COLOR BLACK, PER IAW MIL-A-8625F TYPE 3 CLASS 2 - Certificate of Conformity is required

151 - Laser engrave P/N as per DWG. SWA10A-700A 9/18 08-20

160 - Bag and tag

### Job BOM

| Part / Item | Component Name | Quantity     | Operation             | Container |
|-------------|----------------|--------------|-----------------------|-----------|
| SWA10A-700  | Wire Clamp     | 40 Ea (1 ea) | 90-Start up Operation | 5082 076  |

Dart Aerospace Ltd.  
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Hawkesbury, ON K6A 1K7  
CANADA  
TEL.: 1 613 632-5200  
Email: sales@dartaero.com  
www.dartaerospace.com

### Job Allocations

| Component Part | Required | Inventory | Allocated |
|----------------|----------|-----------|-----------|
| SWA10A-700     | 40       | 40        | 0         |

### Part Specifications

Specifications could not be found.



Container No: S111654



Part: SWA10A-700A

Job No: 181739

Serial No/Batch: S111654

Revision: 3

Inspector:

Exp Date:

Instructions:

Date: 09/19/18

Plex 8/20/18 12:45 PM Dart.Hadley.Shannon

|                         |      |              |             |
|-------------------------|------|--------------|-------------|
| DART AEROSPACE LTD      |      | Work Order:  | 181739      |
| Description: Wire Clamp |      | Part Number: | SWA10A-700A |
| Inspection Dwg: SWA10A  | Rev: | Page 1 of 1  |             |

## INSPECTION SHEET

[illegible]

|              |          |             |          |               |  |
|--------------|----------|-------------|----------|---------------|--|
| Measured by: | J.C.-C.  | Checked by: | D.A.     | QC Inspector: |  |
| Date:        | 18-09-19 | Date:       | 18-09-19 | Date:         |  |

|                                                |  |              |  |
|------------------------------------------------|--|--------------|--|
| <b>Engineering Approval:</b><br>(If necessary) |  | <b>Date:</b> |  |
|------------------------------------------------|--|--------------|--|

| Rev | Date     | Change    | Revised by | Approved |
|-----|----------|-----------|------------|----------|
| A   | 14.07.31 | New Issue | KJ         |          |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

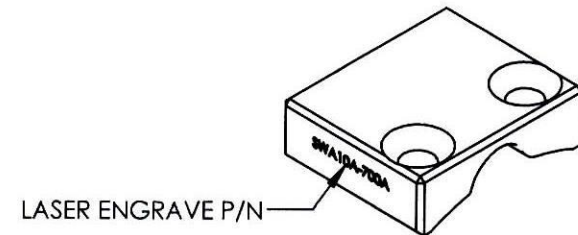
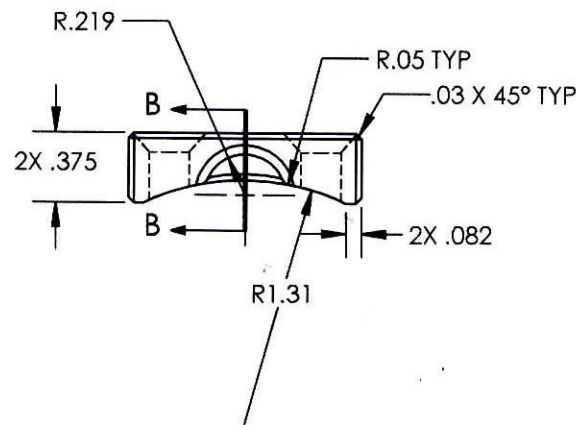
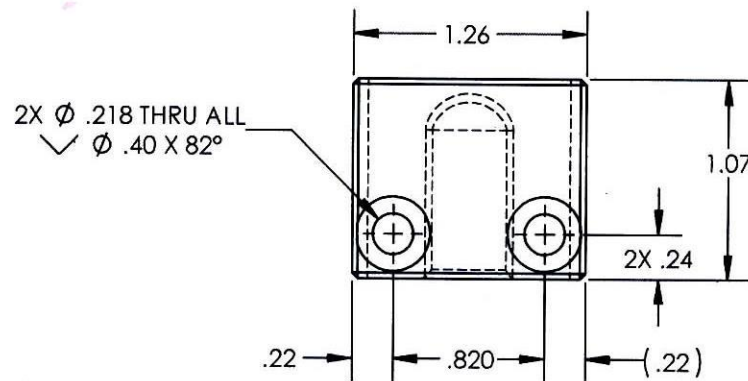
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

This drawing, specifications, and concepts contained here in are the sole property of Red Barn Machine, and may not be reproduced or used in any fashion without the prior written permission of Red Barn Machine.

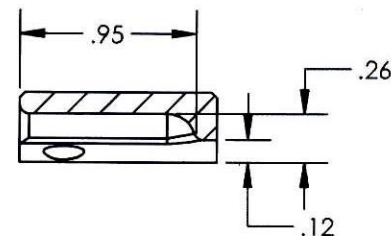
| REVISIONS |                   |            |         |
|-----------|-------------------|------------|---------|
| REV       | DESCRIPTION       | DATE       | INITIAL |
| 3         | AS DRAWN BY CANAM | 11/16/2012 | JAG     |



LASER ENGRAVE P/N

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 181739M5

180807



SECTION B-B

| ASSY QTY | ASSY QTY | B/O | Part #      | UNIT QTY | Description | Material | B/O INFORMATION OR SPECIFICATIONS |
|----------|----------|-----|-------------|----------|-------------|----------|-----------------------------------|
|          |          |     | SWA10A-700A | 1        | WIRE CLAMP  | 6061-T6  |                                   |

|                                                                                                                                                     |                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>RED BARN MACHINE</b>                                                                                                                             |                                                                                                                                                               |
| <b>TITLE</b><br>WIRE CLAMP                                                                                                                          |                                                                                                                                                               |
| <b>DWG NO.</b><br>SWA10A-700A                                                                                                                       | <b>REV</b><br>3                                                                                                                                               |
| <b>MAT'L</b> 6061-T6<br>UNLESS OTHERWISE SPECIFIED<br>DIMENSIONS ARE IN INCHES<br>.XXX ± .005 FRACTIONS ± 1/32<br>.XX ± .01 ANGLES ± .5°<br>.X ± .1 | <b>DRAWN BY:</b> CANAM<br><b>APPROVED</b> <i>D. Weid</i><br><b>FINISH</b> BLACK ANODIZE<br><b>SPEC</b> MIL-A-8625, TYPE III, CLASS II<br><b>USED ON MODEL</b> |
| 1. BREAK ALL SHARP EDGES .015 x 45°<br>OR .015R<br>2. DIMENSIONAL LIMITS APPLY AFTER PLATING                                                        |                                                                                                                                                               |
| <b>SCALE</b> 1:1                                                                                                                                    | <b>DATE</b> 1/22/2002                                                                                                                                         |
| <b>SHEET 1 OF 1</b>                                                                                                                                 |                                                                                                                                                               |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |
| <div style="display: flex; flex-direction: column;"> <div>Environment <input type="checkbox"/></div> <div>Design <input type="checkbox"/></div> <div>Doc/Data <input type="checkbox"/></div> <div>Equip/Tooling <input type="checkbox"/></div> <div>Handling/Pre <input type="checkbox"/></div> <div>Material <input type="checkbox"/></div> <div>Internal Transport <input type="checkbox"/></div> <div>Tribal Knowledge <input type="checkbox"/></div> <div>LOA <input type="checkbox"/></div> <div>Substation <input type="checkbox"/></div> <div>Past Expiry Date <input type="checkbox"/></div> <div>Misidentified <input type="checkbox"/></div> </div> | <div style="display: flex; flex-direction: column;"> <div>No Re-verification <input type="checkbox"/></div> <div>Operator <input type="checkbox"/></div> <div>Offset/Setup <input type="checkbox"/></div> <div>Supplier <input type="checkbox"/></div> <div>Training <input type="checkbox"/></div> <div>Use for Testing <input type="checkbox"/></div> <div>Poor Information <input type="checkbox"/></div> <div>Rushing <input type="checkbox"/></div> <div>Product Improvement <input type="checkbox"/></div> <div>Process Improvement <input type="checkbox"/></div> <div>Manufacturing Process <input type="checkbox"/></div> <div>Past Due <input type="checkbox"/></div> </div> | <div style="display: flex; flex-direction: column;"> <div>Pressure/Forced <input type="checkbox"/></div> <div>Bending <input type="checkbox"/></div> <div>Centre Not Concentric <input type="checkbox"/></div> <div>Cracks <input type="checkbox"/></div> <div>Crimp/Kink/Ripple/Wave <input type="checkbox"/></div> <div>Cuffs <input type="checkbox"/></div> <div>Crushing <input type="checkbox"/></div> <div>Heat Treat <input type="checkbox"/></div> <div>Wave/Twist in Tube <input type="checkbox"/></div> <div>Marks/Chatter <input type="checkbox"/></div> <div>Temperature/Cure <input type="checkbox"/></div> <div>Set-up <input type="checkbox"/></div> <div>BOM/Route <input type="checkbox"/></div> <div>Broken/Damage/Defect <input type="checkbox"/></div> <div>Inspection Incomplete/Unqualified <input type="checkbox"/></div> <div>Contamination <input type="checkbox"/></div> <div>Countersink <input type="checkbox"/></div> <div>Cut Too Short <input type="checkbox"/></div> <div>Instructions Incomplete/Unclear <input type="checkbox"/></div> <div>Drill Holes <input type="checkbox"/></div> <div>Power Loss/Surge <input type="checkbox"/></div> <div>Folio/Program <input type="checkbox"/></div> <div>Grain <input type="checkbox"/></div> <div>Weld <input type="checkbox"/></div> <div>Wrong Stock Pulled <input type="checkbox"/></div> <div>Out of Sequence <input type="checkbox"/></div> <div>Off-set <input type="checkbox"/></div> <div>Mislabeled <input type="checkbox"/></div> <div>Fit/Function <input type="checkbox"/></div> <div>Misaligned/off center <input type="checkbox"/></div> <div>Positioned Wrong <input type="checkbox"/></div> <div>Outside Dimensions <input type="checkbox"/></div> <div>Over/Under tolerance <input type="checkbox"/></div> <div>Part Incorrect <input type="checkbox"/></div> <div>Part Lost/Missing <input type="checkbox"/></div> <div>Part Moved <input type="checkbox"/></div> <div>Drawing <input type="checkbox"/></div> <div>Finish <input type="checkbox"/></div> <div>Misread <input type="checkbox"/></div> <div>Turning Sequence <input type="checkbox"/></div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |





Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# **PURCHASE ORDER** **PO041065**

**Supplier:** ATG001-VC  
A.T.G. Industries Inc  
731 INDUSTRIELLE ROAD  
ROCKLAND  
ON  
K4K 1T2 Canada  
Phone: 613-446-4544  
Fax: 613-446-4556

**Attention:** Lalande, Marc-Andre

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**PO No:** PO041065  
**PO Date:** 9/20/18  
**Due Date:** 9/25/18  
**Purchase Order**  
**Revision:**  
**Revision Date:**  
**Ship-To Contact:** Tsimiklis, Chrisoula  
**Phone:**  
**Via:** Ground  
**Pynt Terms:** Net 30  
**Freight Terms:**  
**Special Comments:**

## **Items**

| Line Item | Job    | Part     | Description                                                                                                                                                                                                                                                                                                                      | Status | Account | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
|-----------|--------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|----------|----------------|-------------------|---------|------------------|----------------|
| 1         | 182624 | 647.4111 | Doubler<br>ANODIZE<br>TEMPLATE<br>Issue P/O to<br>ATG:<br><br>AS PER MPP-<br>172 SECTION<br>2.1, HARD<br>ANODIZE<br>COLOR<br>BLACK, PER<br>IAW MIL-A-<br>8625 TYPE 3<br>CLASS 2 AS<br>PER MPP-172<br>SECTION 4.2,<br>PRIME AS<br>PER IAW MIL-<br>PRF-23377<br>TYPE 1<br>CLASS N<br>Certification of<br>Conformity is<br>required | Firmed | -       | 9/25/18  | 8 pcs          | 0 pcs             | 8 pcs   | \$9.66/pcs       | \$77.28        |

8 X SEP 27 2018

**Line Item Note** \* need back by October 3/4 \*



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# **PURCHASE ORDER** **PO041065**

| Items                                             |          |                    |                                                                                                                                                                                                                                        |        |         |          |                |                   |         |                  |                |
|---------------------------------------------------|----------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|----------|----------------|-------------------|---------|------------------|----------------|
| Line Item                                         | Job      | Part               | Description                                                                                                                                                                                                                            | Status | Account | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
| 2                                                 | 179388-A | RBE350A93-3205-00E | Engine Gear<br>Box Input<br>Flange Holding<br>Wrench<br>-Issue P/O to<br>ATG : PO<br><br>-ANODIZE<br>COLOR RED,<br>PER IAW MIL-<br>A-8625 TYPE-<br>2 CLASS-2,<br>Water sealant<br>As Per Dwg<br>RBE350A93-<br>3205-00E Rev.<br>2A      | Firmed | -       | 9/24/18  | 19 pcs         | 0 pcs             | 19 pcs  | \$6.26/pcs       | \$118.94       |
| <div>194</div> <div>SEP 25 2018</div> <div></div> |          |                    |                                                                                                                                                                                                                                        |        |         |          |                |                   |         |                  |                |
| Line Item Note ** RUSH - NEED BACK BY 9/24 **     |          |                    |                                                                                                                                                                                                                                        |        |         |          |                |                   |         |                  |                |
| 3                                                 | 179390-A | RBE350A93-3205-00T | Tail Rotor Gear<br>Box Input<br>Flange Holding<br>Wrench<br>-Issue P/O to<br>ATG:<br><br>-ANODIZE<br>COLOR<br>BLACK, PER<br>IAW MIL-A-<br>8625F TYPE 2<br>CLASS 2,<br>Water sealant<br>As Per Dwg<br>RBE350A93-<br>3205-00T Rev/<br>3C | Firmed | -       | 9/24/18  | 18 pcs         | 0 pcs             | 18 pcs  | \$6.26/pcs       | \$112.68       |
| <div>18X</div> <div>SEP 25 2018</div> <div></div> |          |                    |                                                                                                                                                                                                                                        |        |         |          |                |                   |         |                  |                |
| Line Item Note ** RUSH - NEED FOR 9/24 **         |          |                    |                                                                                                                                                                                                                                        |        |         |          |                |                   |         |                  |                |



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# PURCHASE ORDER

## PO041065

### Items

| Line Item | Job    | Part        | Description                                                                                                                                         | Status | Account | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
|-----------|--------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|----------|----------------|-------------------|---------|------------------|----------------|
| 4         | 181739 | SWA10A-700A | Wire Clamp<br>-Issue P/O to ATG:<br><br>-HARD ANODIZE COLOR BLACK, PER IAW MIL-A-8625F TYPE 3 CLASS 2<br><br>-Certificate of Conformity is required | Firmed | -       | 9/25/18  | 40 pcs         | 0 pcs             | 40 pcs  | \$7.51/pcs       | \$300.40       |

40 X SEP 27 2018

DAS  
38  
9-89

Line Item Note \*\* RUSH - NEED BACK 9/25 \*\*

Grand Total: \$609.30

### Order Notes

#### Procurement Quality Clauses

A005 right of entry  
A012 chemical and physical test report  
A016 personnel qualification  
A017 raw material identification (as applicable)

A022 Apical Processing  
A024 process certifications  
A026 certification of material conformance

A041 quality management system  
A042 dart notification by supplier  
A043 retention of quality documents

A048 counterfeit parts avoidance, detection, mitigation and disposition program

A049 supplier awareness

Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit [www.dartaerospace.com](http://www.dartaerospace.com) for further explanation.

Plex 9/20/18 2:05 PM dart.tsimiklis.chrisoula





A.T.G. Industries Inc.  
731 Industrielle Street  
Rockland, ON K4K 1T2  
Canada

Ph: (613) 446-4544

Fax: (613) 446-4556

### Pack List

Number: 916133

Date: 26-Sep-18

#### To

Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

#### Ship To

Chrisoula Tsimiklis  
Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

Ph: 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

| Terms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                 | Ship Via               |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                 | ATG Delivery           |         |
| Quantity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Description                                                                                                                                     |                        |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Please reference this document's Pack List number on all correspondences regarding this shipment. If you have any questions, please contact us. |                        |         |
| 40<br>ea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part: SWA10A-700A<br>Wire Clamp<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils).<br>Job: 23764            | Rev: 4<br>PO: PO041065 | Line: 4 |
| <p><b>CERTIFICATE OF CONFORMANCE</b><br/>A.T.G Industries Inc. certifies that all items in this shipment conform to the requirements.</p> <p>Date: <u>26/9/18</u></p> <p>Certified Signature: <u>[Signature]</u></p> <p>Receiver Signature: _____</p> <p>A.T.G Industries Inc. is AS9100 Registered and Nadcap Chemical Processing Accredited.</p> <p>Note: This Packing Slip may contain parts that have been PLATED. Items that are plated may be subject to natural tarnishing and it is suggested that they be inspected within 24 hours of receipt.</p> |                                                                                                                                                 |                        |         |
| Made in Canada.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                 |                        |         |

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